Il in this information to identify your case:			Check one box only as directed in this form and in Form			
ebtor 1	Victor H Salazar		122A-1Supp:			
ebtor 2 pouse, if filing)			■ 1. There is no presumption of abuse			
nited States Bankruptcy Court for the: Southern District of New York			☐ 2. The calculation to determine if a presumption of abuse applies will be made under <i>Chapter 7 Means Test</i>			
ase number	•		Calculation (Official Form 122A-2).			
known)			☐ 3. The Means Test does not apply now because of			

☐ Check if this is an amended filing

Column B

Debtor 2 or

Official Form 122A - 1

D (S

U

С

Chapter 7 Statement of Your Current Monthly Income

04/20

9/27/21 7:00PM

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - ☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
 - Married and your spouse is NOT filing with you. You and your spouse are:
 - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - □ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Column A

Debtor 1

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

				non-filing spo	ouse
Your gross wages, salary, tips, bonuses, overtime payroll deductions).	e, and commissions (before all	\$	0.00	\$ 4,692	2.00
 Alimony and maintenance payments. Do not include Column B is filled in. 	le payments from a spouse if	\$	0.00	\$	0.00
4. All amounts from any source which are regularly of you or your dependents, including child suppo from an unmarried partner, members of your househo and roommates. Include regular contributions from a filled in. Do not include payments you listed on line 3.	rt. Include regular contributions old, your dependents, parents, spouse only if Column B is not	\$	0.00	\$	0.00
Net income from operating a business, profession	n, or farm				
	Debtor 1				
Gross receipts (before all deductions)	\$ 0.00				
Ordinary and necessary operating expenses	-\$ 0.00				
Net monthly income from a business, profession, or fa	arm \$ 0.00 Copy here -	> \$	0.00	\$	0.00
6. Net income from rental and other real property					
,	Debtor 1				
Gross receipts (before all deductions)	\$ 0.00				
Ordinary and necessary operating expenses	-\$ 0.00				
Net monthly income from rental or other real property	\$ 0.00 Copy here -:	> \$	0.00	\$	0.00
7. Interest, dividends, and royalties	· 	\$	0.00	\$	0.00
. Interest, arriaerius, and regulies		· 			

Case number (if known)

						Column A Debtor 1		Column B		
						Deptor 1		Debtor 2 o non-filing		
8.	Unem	nployn	ment compensation			\$	0.00	\$	0.00	
	the So	ocial S	r the amount if you contend that the amou Security Act. Instead, list it here:							
					0.00					
^			spouse		0.00					
10.	benefinot ind United disability pay pay does rif retird Incom Do no under under corona crime,	it under clude and clude and clude and clude and clument extended and clude	retirement income. Do not include any are the Social Security Act. Also, except as any compensation, pension, pay, annuity as Government in connection with a disable death of a member of the uniformed sender chapter 61 of title 10, then include the ceed the amount of retired pay to which y der any provision of title 10 other than charmal of the sources not listed above. So the any benefits received under the Social edeany benefits received under the Social edeand Emergencies Act (50 U.S.C. 1601 disease 2019 (COVID-19); payments receive against humanity, or international or don pension, pay, annuity, or allowance possible.	s stated in the next set, or allowance paid by billity, combat-related in vices. If you received at pay only to the exte you would otherwise be apter 61 of that title. Specify the source and I Security Act; paymeency declared by the Fel et seq.) with respect beived as a victim of a omestic terrorism; or	ntence, do the njury or any retired nt that it e entitled d amount. nts made President to the war	\$	0.00	\$	0.00	
	Gover	rnmen	t in connection with a disability, combat-renember of the uniformed services. If nece	elated injury or disabil	ity, or					
			nember of the uniformed services. If nece age and put the total below	issary, list other sourc	es on a					
		•				\$	0.00	\$	0.00	
			tal account for a constant and it are			\$	0.00	\$	0.00	
		10	tal amounts from separate pages, if any.		+	\$	0.00	\$	0.00	
11.			rour total current monthly income. Add n. Then add the total for Column A to the		\$	0.00	+ -	4,692.00	= \$	4,692.00
Part 12.			rmine Whether the Means Test Applies		S:				income	
	12a. C	Сору у	our total current monthly income from line	e 11		Сор	y line 11	here=>	\$	4,692.00
	N	Multipl	y by 12 (the number of months in a year)						x 1	2
	12b. T	The re	sult is your annual income for this part of	the form				12b	· \$	56,304.00
13.	Calcu	ılate ti	he median family income that applies t	o you. Follow these s	steps:					
	Fill in	the sta	ate in which you live.	NY						
	Fill in	the nu	umber of people in your household.	3						
	To fine	d a list	edian family income for your state and siz t of applicable median income amounts, ç ı. This list may also be available at the ba	go online using the lin		in the separa	ate instruc	13. ctions	\$	92,508.00
14.	How	do the	e lines compare?							
	14a.		Line 12b is less than or equal to line 13. Go to Part 3. Do NOT fill out or file Offici		check box	1, There is	no presur	mption of abus	e.	
	14b.		Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A–2.		x 2, The pro	esumption of	abuse is	determined by	y Form 12	22A-2.
art	3:	Sign	Below							
	E	By sigr	ning here, I declare under penalty of perju	ıry that the information	on this sta	atement and	in any att	achments is tr	ue and co	orrect.
	X	/s/\	Victor H Salazar							
	al Forn		tor H Salazar	Statement of Your C						page 2

Victor H Salazar

Debtor 1

21-11675-dsj Doc 2 Filed 09/27/21 Entered 09/27/21 19:04:52 Main Document Pq 3 of 3

	. 9 5 5. 5		
Debtor 1	Victor H Salazar	Case number (if known)	
	Signature of Debtor 1		
Da	September 27, 2021 MM / DD / YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you checked line 14b, fill out Form 122A-2 and file it with this form.		